

# The NIC/NOC Letter

A publication of the Center for Nursing Classification

Nursing Interventions Classification/Nursing Outcomes Classification Volume 8 No. 3 • October 2000

NIC (Nursing Interventions Classification) and NOC (Nursing Outcomes Classification) are standardized languages to describe the treatments that nurses perform and patient outcomes sensitive to these treatments. The Classifications are useful in planning and documenting care, in communicating the essence of nursing to others, and in the development of large databases for research on the effectiveness of nursing care. The research to develop the Classifications is facilitated by the Center for Nursing Classification at the College of Nursing, The University of Iowa. The purpose of this newsletter is to provide current information about the Classifications.

## NNN LINKAGES--NOW AVAILABLE

A new book containing linkages between NANDA, NOC, and NIC has recently been published by Mosby Year-Book. Nursing Diagnoses, Outcomes and Interventions: NANDA, NOC, and NIC Linkages (2001) is authored by the leaders of the NIC and NOC research teams, Marion Johnson, Gloria Bulechek, Joanne McCloskey Dochterman, Meridean Maas, and Sue Moorhead. The book presents linkages of NIC interventions for NOC outcomes linked to NANDA diagnoses. The linkages are based on expert opinion and build on previous linkage work done by the authors. They provide assistance in developing care plans and in designing decision support systems for clinical information systems. The book also comes with a MERLIN web site whereby students can access 150 common patient conditions linked to lists of possible NANDA diagnoses which then can be linked to the outcomes and interventions in the

book. The web site helps students to learn how to build care plans using standardized language. Call 1-800-545-2522 to order a copy or order through the Mosby web site: [www.mosby.com](http://www.mosby.com). (The book sells for US \$37.95.)

## SECOND INFORMATICS & CLASSIFICATION INSTITUTE

The second annual Institute on Nursing Informatics and Classification was held June 11-14 in Iowa City. Forty-three participants from 19 US states and one other country attended. Keynote speakers were Charles Mead, Chief Technical Officer, Chief Scientist, Simione Central Holdings and Co-Chair HL7 Patient Care Technical Committee who spoke on the national work in developing clinical standards and Judy Ozbolt, Professor, School of Nursing, Vanderbilt Medical Center who spoke on the efforts to develop a



*Participants in the Second Institute on Nursing Informatics & Classification held at the University of Iowa in June, 2000.*

reference terminology in nursing. Other topics examined were reimbursement to alternative providers, globalization initiatives, minimum data sets, standards, and data mining. Attendees visited two clinical sites that have implemented NIC and NOC. There were presentations by "Implementation Champions" from The Alverno Health Care Facility, Clinton Iowa; Immanuel-St. Joseph's -Mayo Health System, Mankato, Minnesota; University Hospital, University of Colorado Health Sciences Center, Denver Colorado; and County of Orange Health Care Agency, Santa Ana, California. Gamma Chapter, Sigma Theta Tau International donated NIC and NOC books for all participants. The attendees (see picture) were an enthusiastic bunch and so a third institute is being planned for next year (see below).

### **MARK YOUR CALENDARS**

**3<sup>RD</sup> Informatics & Classification Institute**, June 24-27, 2001 Iowa City Iowa. An intensive 3-day experience limited to 50 people; time to visit with the NIC and NOC developers and learn about the current state of the art in clinical computing. E-mail [jennifer-clougherty@uiowa.edu](mailto:jennifer-clougherty@uiowa.edu) to get your name on the mailing list.

**NANDA, NIC, NOC Conference**, April 11-13, 2002, Chicago (final confirmation pending). A large international conference that will include recent developments in the languages, a chance to hear research reports, and time for networking and to attend NANDA business functions. E-mail Ken Cleveland ([ken.Cleveland@rmpinc.com](mailto:ken.Cleveland@rmpinc.com)) to get your name on the mailing list.



### **NIC AND NOC SUBMITTED TO HL7**

NIC and NOC were recently submitted for Health Level 7 Terminology Registration. Health Level Seven is a U.S. standards organization founded in 1987 dedicated to simplifying the exchange, management and integration of clinical and administrative data. One of HL7's committees,

the Vocabulary Technical Committee, has requested that developers of terminologies/classifications submit the languages for registration. Registration by this organization means the languages become better known through dissemination to the broader health standards community and are available for use (following copyright guidelines).

The submitted materials were announced before the membership of the Vocabulary Technical Committee on Sept. 14 and are now on the HL7 web site where members can review them. At the next HL7 meeting in January, the registration process will be completed.

### **NIC IN SPAIN**

Gloria M. Bulechek participated in the third International Symposium of Nursing Diagnosis held at the College of Nursing, the University of Navarra, Pamplona, Spain. The conference was jointly planned by the Spanish Association for Nursing Diagnosis and the University of Navarra and held May 25-26, 2000. Dr. Bulechek's keynote address which overviewed NIC and NOC, was attended by over 400 European nurses. There was also participation by the Spanish Health Ministry as the National System of Vital Statistics on health is being revised. The Spanish Nurses Association has provided leadership for the translation of the second edition of the Nursing Interventions Classification, which is being distributed throughout the country. A delegation from the Spanish Nurses Association visited the Center for Nursing Classification in May 2000 to discuss implementation issues.

### **PUBLICATIONS OF INTEREST**

Aquilino, M.L. & Keenan, G. (2000). Having our say: Nursing's standardized nomenclatures. *American Journal of Nursing* 100 (7), 33-38.

Center for Nursing Classification (in press). [NIC interventions and NOC outcomes linked to the OASIS information set.](#) Iowa City: Center for Nursing Classification.

Craft-Rosenberg, M. & Denehy, J. (Eds.) (2000) [Nursing interventions for infants, children, and families.](#) Thousand Oaks, California: Sage.

Maas, M., Buckwalter, K., Hardy, M., Tripp-Reimer, T., & Titler, M. (Eds.) (in press). [Nursing diagnoses, interventions, and outcomes for the elderly](#) (2<sup>nd</sup> ed.). St. Louis: Mosby.

## NIC and NOC TRANSLATIONS

### *Nursing Interventions Classification (NIC)*

<i>Language</i>	<i>Ed.</i>	<i>Date</i>	<i>Publisher</i>
Dutch	2 <sup>nd</sup>	1997	Elsevier/Tijdstroom
French	1 <sup>st</sup>	1996	Decarie Editeur
French	2 <sup>nd</sup>	6/00	Masson
Japanese	2 <sup>nd</sup>	4/01	Nankodo
Korean	2 <sup>nd</sup>	1998	Hyun Moon Sa
Spanish	2 <sup>nd</sup>	3/00	Sintesis.
German	3 <sup>rd</sup>	pending	Hans Huber
Icelandic	2 <sup>nd</sup>	pending	
Portugese	3 <sup>rd</sup>	pending	Artis Medicas
Spanish	3 <sup>rd</sup>	pending	Harcourt Espana

### *Nursing Outcomes Classification (NOC)*

<i>Language</i>	<i>Ed.</i>	<i>Date</i>	<i>Publisher</i>
Dutch	1 <sup>st</sup>	1999	Elsevier/Tijdstroom
French	1 <sup>st</sup>	1999	Masson
German	1 <sup>st</sup>	3/01	Hans Huber
Japanese	1 <sup>st</sup>	1999	Igaku-Shoin MYW
Korean	1 <sup>st</sup>	1999	Hyun Moon Sa
Portuguese	2 <sup>nd</sup>	pending	Artes Medicas
Spanish	2 <sup>nd</sup>	pending	Sintesis

## NIC and NOC and ICNP

We have received several inquiries about how NIC and NOC relate to the International Classification of Nursing Practice (ICNP). The concern that is raised, usually by a nurse from a non-U.S. country, is that they have been told/encouraged to use the ICNP (by some government official/agency administrator) but they want to use NIC and NOC. Theoretically, it is possible to use the ICNP with another language. An information sheet put out by Amy Coenen, Program Director for the ICNP dated April 2000 asks the question, "If I have been using another nursing classification system, do I have to change?" The given answer is "No. The ICNP provides a unifying framework into which existing nursing vocabularies can be cross-mapped to enable comparison of nursing data collected using other recognized nursing vocabularies and classifications." The use of the ICNP is confusing, however, as the same document states that the ICNP is both a terminology/classification and a framework for cross-mapping. The nature and look of the ICNP

has changed from Alpha to Beta versions and what began as an organizing framework evolved more to another classification and now seems to be moving back to more of a framework. We always urge people to look at the languages themselves and evaluate them in terms of the research development process, ease of use, and process to keep them updated. Users of any of these languages need to ask what they want the use of the language to do for them (e.g. allow nurses to better communicate with each other, make documentation easier, provide data for research) and then choose the best fit.

## STUDENTS ON THE LISTSERVE

*(Submitted by Sharon McGahan, RN, Ed.S & Stephanie Powelson, RN, Ed.D. Nursing Program, Truman State University, Kirksville, MO)*

Faculty implemented standardized nursing language in all courses of our curriculum in 1998. Nursing Informatics, a one-credit course, is offered to freshman, sophomore, and junior students. We have students enroll on the Center for Nursing Classification listserv to increase their knowledge about a listserv and their understanding of the uses of NANDA, NIC, and NOC. The students subscribe at the start of the semester, unsubscribe at the end of the semester, and submit a midterm and final reflective summary. Each semester a few glitches have materialized. Based on several semesters of using the listserv assignment with students, we would like to share the following lessons:

- Develop a personal relationship with the listserv manager. Warn the manager prior to the time students are about to subscribe/unsubscribe.
- Subscribe/unsubscribe in class with each student using a printed copy of instructions. Most problems relate to punctuation, spelling, and/or incorrect addresses. Students should keep a record of their own email address used for subscription, since many students have a university and personal email address.
- Ask students to create a mailbox for listserv messages, so they can reference the messages for later commentary.
- Have students send a copy of the subscription/unsubscription documents to faculty to prove they accomplished this feat.
- Increase the discussion of the listserv topics in class, rather than just through electronic means.

- Instruct students in listserv etiquette. We discourage students from posting comments on the listserv (they primarily lurk); however, a chat room for students (on the university web) is being planned next semester.
- Provide archived messages for students' reactions when the listserv commentary varies from "feast to famine."

We receive a wide range of student response, depending on their comfort with technology and desire to learn. Some differences could be attributed to the students' experience with nursing language. The following quotes illustrate students' reactions to the listserv assignment:

- "Much of the material was above my understanding. However, at the same time it was very clear to me how helpful such a system could be for those individuals involved in the field."
- "It was apparent that people needed to reach out to one another and appreciated the help and comments that they received, which is necessary in the field of nursing."
- "I was impressed by how widespread the use of NIC, NOC, and NANDA has become. I was aware that this system is used on every possible occasion in the US, but I was not aware that the system of diagnosis and classification was used internationally as well."



*NOC Team members Cindy Scherb & Sue Moorhead at a recent meeting in Iowa City.*

### **NOC UNDER CONSIDERATION LIST**

This list contains ideas for new outcomes that may be missing in NOC. Ideas listed here come from many sources—conversation with others, questions at presentations, review from practicing nurses, etc.,. They are put on the list before a complete assessment has been made. Often, when a proposed idea is "worked up", it is discovered that the outcome is already included in NOC (perhaps with a different name) or that it is not appropriate to

include. Just because something is listed here does NOT mean that it will be included in NOC in the future. At the same time, it is important to keep such a list so that the NOC can continually evolve to reflect changes in current practice. Individuals who wish to work up and submit an intervention on this list (or any other intervention) should follow the "Guidelines for Submission" in the NOC book.

Allergy Control  
 Appearance  
 Appetite  
 Bleeding Status/Hemorrhage Control  
 Body Hygiene  
 Cardiac-Pulmonary (Cardiopulmonary)  
 Child Development: Newborn to 0 months  
 Community Response  
 Community Risk Control: Violence  
 Coordination  
 Cultural Need Fulfillment  
 Dignified Dying for non conscious individuals  
 Embarrassment  
 Emotional Stability or Emotional Status  
 Family Adjustment  
 Family Climate OR Family Environment:  
 Emotional  
 Family Environment: External  
 Health Status  
 Home Physical Environment  
 Infant Safety  
 Knowledge: Accident Prevention  
 Knowledge: Body Mechanics  
 Knowledge: Cultural/Religious Needs  
 Knowledge: Parenting  
 Knowledge: Stress Management  
 Loss Adaptation  
 Neglect Cessation  
 Neglect Level  
 Peaceful Death  
 Personal Autonomy  
 Psychosocial Adjustment: Health Change  
 Recovery Status (Anesthesia/Sedation)  
 Resource Management/Use/Access OR  
 Resource Availability  
 Respiratory Status: Weaning from Ventilator  
 Self-Care: Ostomy  
 Self-Care: Support  
 Self-Concept  
 Self-Destructive Behavior Control  
 Stimulation Equilibrium OR Hyperactivity  
 Control  
 Strength  
 Stress Level  
 Substance Addiction Control  
 Symptom Control: Nausea & Vomiting

## COPYRIGHT & LICENSING OF NIC & NOC

The Center for Nursing Classification office often receives questions about requirements for permission to use NIC and NOC and licensing of the Classifications for use in electronic information systems. We have recently posted updated information about these issues on our website: <http://www.nursing.uiowa.edu/cnc/MOSBYLC.HTM>

## GIFT SUPPORT RECOGNITION

We thank the following individuals who have contributed to the Center for Nursing Classification endowment since the June issue:

Nancy Creason, Decatur, IL  
Jean Foster, San Antonio, TX  
Ruth Gingerich, Carmel, CA  
Larry Hertel, Cedar Rapids, IA  
Virginia Johnson, West Des Moines IA  
Meridean Maas, Iowa City, IA

*In honor of Japan Society of Nursing Diagnosis*

*In honor of Takao Nakaki, MD*

*In honor of School of Allied Health Sciences Nursing*

*In honor of Seoul National University Nursing Faculty*

*In honor of EunJoo Lee*

*In honor of Young-Hee Yom*

*In honor of Korean Nurses Association*

Jean Schwartz, Phoenix, AZ

Elizabeth Swanson, Iowa City, IA

Joanne Tigges, North Liberty, IA

*A permanent source of funding is necessary to provide a base of support for the Center to ensure ongoing stability. The endowment support has now reached \$480, 000 with a goal of \$1million. All monetary gifts are welcome including deferred estate gifts. All gifts qualify as charitable contributions. The Center is one of the College's initiatives for the nursing centennial campaign and is designated as one of the College's identified areas for the new university campaign. Checks can be made out to Nursing Classifications Fund—Account #30-612-071 and mailed to the University of Iowa Foundation, C/O College of Nursing Development Director, P.O. Box 4550, Iowa City, IA 52244-4550.*

The NIC/NOC Letter, is sponsored by Harcourt Health Sciences/Mosby-Year Book and published two times a year (effective February 2001) in February and July. The newsletter is currently mailed to over 1,600 individuals in 50 states plus Washington, DC and Guam and 22 foreign countries, including Australia, Austria, Belgium, Brazil, Canada, China, Denmark, France, Germany, Iceland, Japan, Korea, Netherlands, New Zealand, Norway, Saudi Arabia, Spain, South Africa, Sweden, Switzerland, Taiwan, and the United Kingdom.



## YES, MUSHROOMS

A recent example related to mushrooms illustrates the need for common names in any field. Have you ever been mushrooming? Especially in the fall, there appear numerous specimens of wild mushrooms. Although there is a list of scientific names for all the various types, the scientific names are in Latin and too difficult to remember and say; for example *Pseudoarmillariella ectypoides* and *Xerula furfuracea*. While there are those individuals who thrive on these difficulties, most mushroom hunters want an easier language, thus people have created “common” names for the mushrooms they find. However, since there was not an official classification of common names, the number of different common names for each species has increased (or mushroomed!), limiting communication. For example, according to the fall 2000 issue of Mushroom: The Journal of Wild Mushrooming *Pluteus cervinus* is known as “Fawn Mushroom,” “Deer Mushroom,” Fawn Pluteus,” “The Deer Mushroom,” and “Fawn Shield-cap.” To deal with the problem of naming, the Commission on Common Mushroom Names for North American has now been established to develop a listing of recommended common names for mushrooms. We have done in nursing what the mycologists (mushroom experts) are trying to do—and for a much larger and more complex discipline. Yes, we need common standardized language to facilitate communication in nursing and in mushroom hunting.



*The Nursing Building at the University of Iowa in Iowa City, where the Center for Nursing Classification has a suite of offices on 4<sup>th</sup> floor*

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***NOTICE TO OUR NEWSLETTER SUBSCRIBERS:***

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***Beginning with the February 2001 issue, the NIC/NOC Letter will be published only two times a year, in February and July.***

***In addition, subscriptions to areas outside the USA may need to be sent via electronic mail.***

***The increased costs of mailing paper copies of the newsletter have made these changes necessary.***

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***HOW TO CONTACT THE CENTER FOR NURSING CLASSIFICATION***

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*Mailing address: Center for Nursing Classification  
The University of Iowa, NB 407, Iowa City, IA 52242-1121  
Telephone: 319-335-7051  
E-mail: [classification-center@uiowa.edu](mailto:classification-center@uiowa.edu)  
Website: <http://www.nursing.uiowa.edu/cnc>*

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***SUBMISSIONS TO NEWSLETTER WELCOME***

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*We welcome submissions to the newsletter. Please send them via e-mail or on disk to Barbara Head ([barbara-head@uiowa.edu](mailto:barbara-head@uiowa.edu)), Center for Nursing Classification, Nursing Building 407, The University of Iowa, Iowa City, IA. 52240-1121. Please indicate who is submitting the contribution, title and credentials, and how to contact someone for further information. Sharing of information assists all of us in the continued use and development of the classifications. All contributions will be reviewed and possibly edited by newsletter staff.*

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***MOSBY CONTACTS***

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*Current contacts at Mosby related to permissions, licensing, and marketing are as follow:*

*Barbara Cullen, NIC and NOC Executive Editor 215-238-8305*

***Permissions:*** *Julie Lawley (Information - 215-238-7869;*

*Requests - FAX - 215-238-8483)*

*NOTE: Permission takes 4-6 weeks to process*

***Licenses:*** *Rick Anderson 215-238-7385 (E-mail: [randerson@harcourt.com](mailto:randerson@harcourt.com))*

***Marketing:*** *Teresa Hajdu. 215-238-7856. FAX 215-238-8495.*

**SELECTED CENTER PRODUCTS**

*Price*

**Standardized Nursing Language in Long-Term Care**

*Eighteen (18)-page monograph linking NANDA diagnoses, NIC interventions and NOC outcomes with the 18 RAPs (Resident Assessment Protocols) mandated for use in long term care. Monograph was developed by Sister Ruth Cox, PhD, RN, President and CEO of the Alverno Health Care Facility in Clinton Iowa, with assistance from Center staff. Assists long term care providers to identify appropriate nursing diagnoses, outcomes, and interventions for their patients once they have completed the assessment and identified the specific RAP.*

**\$10**

**NIC Video Message Pens**

*Ballpoint pen with NIC logo imprinted on the barrel. Six different NIC intervention labels rotate in the message window. Teal and purple barrel with black ink.*

**\$3 ea/  
quantity  
discount**

**SEND ORDERS TO:**

*Center for Nursing Classification  
The University of Iowa - College of Nursing NB 407A  
Iowa City, IA 52252-1121*

**NOTE:**  
**Prepayment is required for all orders.**

**NIC and NOC PRODUCTS AVAILABLE FROM MOSBY-YEAR BOOK 800/545-2522**

**Nursing Outcomes Classification (NOC)**

*Iowa Outcome Project. M. Johnson & M. Maas, (Eds.).(2000). Nursing Outcomes Classification (NOC). (2<sup>nd</sup> ed.) St. Louis: Mosby-Year Book, Inc.*

**\$37.95**

**Nursing Interventions Classification (NIC)**

*Iowa Intervention Project. J. McCloskey & G. Bulechek (Eds.). (2000). Nursing Interventions Classification (NIC). (3rd ed.). St. Louis: Mosby-Year Book, Inc.*

**\$37.95**

**Nursing Diagnoses, Outcomes, & Interventions: NANDA, NIC, and NOC Linkages.**

*Johnson, M., Bulechek, G., McCloskey Dochterman, J., Maas, M., & Moorhead, S. (2001). St. Louis: Mosby-Year Book, Inc.*

**\$37.95**

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